MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09076

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY: HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAVRE de GRACE
LENGTH OF STAY (in this place): 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARFORD Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ABERDEEN
STREET ADDRESS (If rural, give location): R.D. # 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Samuel	Bishop	Sept.	2	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	White	MARRIED	11-2-1911	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman	Aberdeen P. Ground	Virginia	U.S.A.

13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES L	Bishop	BERTIE L	BEDWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	220-22-0227	Mrs Anna Bishop

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
545.1 Immediate cause	(a) Acute Pancreatitis	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Duodenal obstruction	5 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Duodenal Ulcer.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 20 1953		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1953 to Sept, 1953; that I last saw the deceased alive on Sept 2, 19....., and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE: Ralph Hurley M.D. (Degree or title) ADDRESS: Churchville Md DATE SIGNED: Sept 2

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept 4 1953	Churchville Presbyterian	Churchville, Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 4 1953	A. L. Lewis M.D.	W H Archer	Bel Air - Md.

VS/A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09077

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 5 hrs. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Breeden

4. DATE OF DEATH: (Month) Sept. (Day) 4. (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 3 1953

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 5 Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Breeden

14. MOTHER'S MAIDEN NAME: Ann May Harmen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospital Records (Havre de Grace)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

776x

Immediate cause (a) PREMATURITY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1953, to 9/4, 1953, that I last saw the deceased alive on 9/4, 1953, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE: [illegible] Harmen — (Degree or title) MD — ADDRESS Havre de Grace — DATE SIGNED 9-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 9/4/53 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Maryland

DATE REC'D BY LOCAL REG. Sept. 4-1953 — REGISTRAR'S SIGNATURE G. L. Lewis M.D.

24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS Havre de Grace, Maryland.

2093202321

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09078

Reg. Dist. No. 181

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford, ~~Aberdeen~~, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen X
LENGTH OF STAY (in this place) 4 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Army Hospital Aberdeen Proving Grounds 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun 07X-2
STREET ADDRESS (If rural give location) RURAL.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) (Last) Burkins

4. DATE OF DEATH: (Month) Sept. (Day) 22 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: 25 JUNE 1922
9. AGE last birthday: 31 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: OLIVER BLAKELEY
14. MOTHER'S MAIDEN NAME: ELSIE CURRY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-12-6276
17. INFORMANT & ADDRESS: PFC. William D. BURKINS, RISING SUN, MD. (RURAL)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 X

Immediate cause (a) Metastatic carcinoma — Interval Between Onset And Death: 2½ yrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adenocarcinoma of the breast — 3 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 18, 1953, to Sept. 22, 1953, that I last saw the deceased alive on Sept. 22, 1953, and that death occurred at 3:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Peter P. Mayock Lt MC
ADDRESS 2151-1 ASU, USAH, APG Md.
DATE SIGNED Sept 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 22 SEPT 1953
NAME OF CEMETERY OR CREMATORY West Nottingham Cem.
LOCATION (City, town, or county) COLORA, MD. (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 22-1953
REGISTRAR'S SIGNATURE Nellie R. Perry

24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

VS. A1

RECEIVED
SEP 28 1953
BUREAU V. S.

Item 7 to MARRIED: film G161 2-24-54 L

09079

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (rural) Pylesville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pylesville (rural) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Lucien B Calwell Jr.
4. DATE OF DEATH (Month) (Day) (Year): Sept 19 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married Divorced
8. DATE OF BIRTH: Dec. 4, 1920
9. AGE last birthday: 32 yrs. If under 1 year: Months 9 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Experimental work
10b. KIND OF BUSINESS OR INDUSTRY: Army Chemical Center
11. BIRTHPLACE (State or foreign country): Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Lucien B. Calwell, Sr.
14. MOTHER'S MAIDEN NAME: Rosalie Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Lucien B. Calwell Sr, Rocks, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull

816X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway
(CITY OR TOWN) (COUNTY) (STATE): Pylesville Harford Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 11 40 PM 9/18/53
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Auto accident, auto-object type

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford Co Bel Air Md 9/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Sept. 22, 1953
NAME OF CEMETERY OR CREMATORY: Bel-Air Memorial Gardens
LOCATION (City, town, or county) (State): Bel-Air, Harford Co. Md.

DATE REC'D BY LOCAL REG.: 9-21-53
REGISTRAR'S SIGNATURE: Priscilla Foxwood
24. FUNERAL DIRECTOR ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 09080

M

1. PLACE OF DEATH:
COUNTY HARFORD MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WHITEFORD
LENGTH OF STAY (in this place) 48 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - WHITEFORD
STREET ADDRESS (If rural give location) R.D. #1

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) EDWARD (Last) CANTLER

4. DATE OF DEATH: (Month) 9 - (Day) 4 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: MAR. 29, 1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: SHOE MANUF.
11. BIRTHPLACE (State or foreign country): WHITEFORD, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES N. CANTLER
14. MOTHER'S MAIDEN NAME: SARAH E. GARVINE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-01-0829
17. INFORMANT & ADDRESS: ROY E. CANTLER, WHITEFORD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

502.1

Immediate cause (a) Myocardial Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cor Pulmonare
DUE TO
(c) Chronic Bronchitis & Bronchiectasis.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 1953, to Sept 4, 1953 that I last saw the deceased alive on Sept 3 1953 and that death occurred at 7:00 AM, from the causes and on the date stated above.
SIGNATURE Jonath Altmont (Degree or title) M.D. ADDRESS Delta Pa. DATE SIGNED 9/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 9-7-53
NAME OF CEMETERY OR CREMATORY MT. OLIVET
LOCATION (City, town, or county) YORK CO. (State) PA.
DATE REC'D BY LOCAL REGISTRAR 9-6-53
REGISTRAR'S SIGNATURE Priscilla Lonwood
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 10 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09081

Reg. Dist. No. 182

M

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Cross Roads X
LENGTH OF STAY (in this place) 33 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Cross Roads X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Naomi (Middle) Vivian (Last) Carlton

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: March 24-1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 5 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Baldwin North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Jacob Houck
14. MOTHER'S MAIDEN NAME: Catherine Burkett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wm E. Carlton Baldwin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death 16 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Dis. — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 7, 1951, to Sept. 21, 1953, that I last saw the deceased alive on 9/21, 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork, Md. DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 23-53
NAME OF CEMETERY OR CREMATORY Upper Cross Baptist.
LOCATION (City, town, or county) (State) Upper Cross Roads Harford Md

DATE REC'D BY LOCAL REGISTRAR 9.22.53
REGISTRAR'S SIGNATURE Priscilla Lowvorl
24. FUNERAL DIRECTOR Martin G. Kurtz Jarrettsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09082

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre-de-Grace
LENGTH OF STAY (in this place) 11 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey. COUNTY V-27-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carneys Point.
STREET ADDRESS (If rural, give location) 17 Lincoln St.

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) May (Last) Clark.

4. DATE OF DEATH: (Month) 9 (Day) 19th (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-3-1900

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Keller.

14. MOTHER'S MAIDEN NAME: Mary B. Braneman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Willard H. Clark (address above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — One day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) diabetes, nephritis,
(c) & cardiac decompensation.

260 X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 8, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 19, 1953, and that death occurred at 8:25 P.m., from the causes and on the date stated above.

SIGNATURE: C. J. Simon (Degree or title) M. D. ADDRESS Havre de Grace, Md. DATE SIGNED 9-19-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/23/1953
NAME OF CEMETERY OR CREMATORY: Lawnside Cemetery
LOCATION (City, town, or county) (State): Woodstown, N.J.

DATE REC'D BY LOCAL REG. Sept. 20 53
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Lewis Funeral Home
ADDRESS: Woodstown, N.J.

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09083

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin (rural) LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin (rural) X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Guy (Middle) S. (Last) Dalton

4. DATE OF DEATH (Month) Sept. (Day) 26 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9-22-1893

9. AGE last birthday 60 yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Upper X Roads, Harford Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm J. Dalton

14. MOTHER'S MAIDEN NAME Annie L. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war, or dates of service) World War I

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Harvey A. Dalton, Baldwin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis.	1 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease.	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1953, to Sept. 26, 1953, that I last saw the deceased alive on Sept. 16, 1953, and that death occurred at 9 p.m., from the causes and on the date stated above.

SIGNATURE Robert Barthet (Degree or title) M.D. ADDRESS Forest Hill, Maryland. DATE SIGNED 9-29-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept 30, 1953 NAME OF CEMETERY OR CREMATORY St Johns Catholic LOCATION (City, town, or county) Long Green, Balto. Co. (State) Md.

DATE REC'D BY LOCAL REG. 9-29-53 REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR Martin G. Kurtz, Jarrettsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1953
BUREAU V. S.

Film #G-158 Item No. 9 10/14/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09084

Reg. Dist. No. 182

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air Md
LENGTH OF STAY (in this place) Hoyeans
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bel Air, Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) Herbert (Last) DAVIS

4. DATE OF DEATH: (Month) (Day) (Year) SEPTEMBER 29 1953

5. SEX: Male

6. COLOR OR RACE: NEGRO

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 8 - 1894

9. AGE last birthday: ~~59~~ 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): all Kinds

10b. KIND OF BUSINESS OR INDUSTRY: Labor

11. BIRTHPLACE (State or foreign country): Phila Pa 35

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ✓ Davis

14. MOTHER'S MAIDEN NAME: Anne Simms

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY No.: 218-09-6066

17. INFORMANT & ADDRESS: Edwin A Davis Bel Air 4 N. Bond St

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary artery thrombosis — 12 hrs.

DUE TO

(c) Arteriosclerotic heart disease — 1 yr.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1953, to 9/29, 1953, that I last saw the deceased alive on 9/29, 1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE Paul S. Stonesifer Jr. (Degree or title) M.D. ADDRESS 615 Hickory Ave. Bel Air, Md. DATE SIGNED 9/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Oct 3 53 NAME OF CEMETERY OR CREMATORY Fair View LOCATION (City, town, or county) (State) Harford Co. Md

DATE REC'D BY LOCAL REGISTRAR 10-3-53 REGISTRAR'S SIGNATURE Priscilla Lowood

24. FUNERAL DIRECTOR Joseph T Forte Bel Air Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS AIR

RECEIVED
OCT 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

090851

Reg. Dist. No. 18

1. PLACE OF DEATH COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Reginald (Middle) Clare (Last) Davis

4. DATE OF DEATH (Month) Sept (Day) 1 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 14, 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer or Dairy
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Grayson Co Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Felix C Davis
14. MOTHER'S MAIDEN NAME Norris Niess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 224-24-9784
17. INFORMANT AND ADDRESS Mr Wm Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 421.1

Immediate cause (a) Acute Pulmonary Odema RDR — Aberdeen Md — INTERVAL BETWEEN ONSET AND DEATH 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Stenosis — 8 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Spotted Fever — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to Sept, 1953, that I last saw the deceased alive on Sept 1, 1953, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Ralph Hosley MD — ADDRESS Churchville Md — DATE SIGNED Sept 2

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Sept 5, 1953 — NAME OF CEMETERY OR CREMATORY Franklin Cem — LOCATION (City, town, or county) Harford Co Md (State)

DATE REC'D BY LOCAL REG. Sept. 4, '53 — REGISTRAR'S SIGNATURE Bertha B. Knight — 24. FUNERAL DIRECTOR H S Bailey — ADDRESS Darlington, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09086

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilna (rural) X
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilna (rural) X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) Rachel (Last) FISHEL

4. DATE OF DEATH: (Month) Sept (Day) 7 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 11, 1863

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months 9 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parkton, Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Euson

14. MOTHER'S MAIDEN NAME: Julia Shaul(n)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Ralph Barnett, Joppa, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset And Death: 10 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chr hypertensive Cardio-Vascular Disease — 5
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, fnrm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1953, to Sept 7, 1953, that I last saw the deceased alive on Sept 6, 1953, and that death occurred at 8.30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson M.D. ADDRESS Forest Hill DATE SIGNED 9/8/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept 9, 1953

NAME OF CEMETERY OR CREMATORY Wiseburg

LOCATION (City, town, or county) (State) Parkton, Balto. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 9-8-53

REGISTRAR'S SIGNATURE Priscilla Fonwood

24. FUNERAL DIRECTOR Martin A. Kurtz, Jarrettsville, Md. ADDRESS

VS. A15

RECEIVED
SEP 14 1953
BUREAU V. S.

09087

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE 35 | LENGTH OF STAY (in this place) 14 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE 35
STREET ADDRESS (If rural, give location) 145 BLOOMSBURY

3. NAME OF DECEASED (Type or Print) (First) LOLA (Middle) FRANCES (Last) JAMISON
4. DATE OF DEATH (Month) SEPT (Day) 27 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 5-24-51
9. AGE last birthday 2 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no
10b. KIND OF BUSINESS OR INDUSTRY no
11. BIRTHPLACE (State or foreign country) Barnwell Co S.C. 37
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl Morris Jamison
14. MOTHER'S MAIDEN NAME Mary Frances Hutto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Carl Morris Jamison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) DEHYDRATION	24 HOURS
571.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GASTRO-ENTERITIS WITH SEVERE DIARRHEA	72 HOURS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MONGOLISM WITH CONGENITAL CARDIAC DEFECT

19a. DATE OF OPERATION 0 NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 SEPT, 1953, to 27 SEPT, 1953, that I last saw the deceased alive on 27 SEPT, 1953, and that death occurred at 7 50 A m., from the causes and on the date stated above.

SIGNATURE B Norment (Degree or title) M D ADDRESS Havre de Grace Md DATE SIGNED 9-27-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal | DATE THEREOF Sept. 30, 1953 | NAME OF CEMETERY OR CREMATORY Ridabrance | LOCATION (City, town, or county) Barnwell Co. (State) S.C.

DATE REC'D BY LOCAL REG. Sept 28-53 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR R. Madison Mitchell, ADDRESS Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 29 1953
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09088

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 Edmund St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 206 Edmund St.

3. NAME OF DECEASED (Type or Print) (First) Rudolph (Middle) Z. (Last) Kelly
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 28 Aug 1878
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tool and Die Maker.
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt. retired
11. BIRTHPLACE (State or foreign country) New Jersey 27
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Ross
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Chas. J. Kelly - Aberdeen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Haemorrhage	1½ days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	6 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1953, to Sept 19, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at 12:50 A m, from the causes and on the date stated above.

SIGNATURE Peter P. Bodman M.D. (Degree or title) ADDRESS Aberdeen, Md. DATE SIGNED 9-19-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/21/53
NAME OF CEMETERY OR CREMATORY Bakers Cemetery
LOCATION (City, town, or county) Aberdeen, Md. (State)

DATE REC'D BY LOCAL REG. Sept 21-53
REGISTRAR'S SIGNATURE Nellie R. Perry
24. FUNERAL DIRECTOR John G. Farring ADDRESS Aberdeen Md.

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09089

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Harford — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Bel Air Rural

LENGTH OF STAY (in this place): 35 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Harford

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Air Rural Md

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Roby (Middle) (Last) K. Irby

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Mar 15 - 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Marion Va (R.D.) 43 45

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thornton K. Irby

14. MOTHER'S MAIDEN NAME: Miralda Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: John H. Irby Bel Air (RD 2) Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) CARDIO-RESPIRATORY FAILURE — Interval Between Onset And Death: 24 HOURS.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CONGESTIVE HEART FAILURE — 1 YEAR.

DUE TO

(c) ARTERIOSCLEROSIS ADVANCED — 1 YEAR

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1952, to 20 Sept, 1953, that I last saw the deceased alive on 19 Sept, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. P. Sidwell MD. Bel Air, Md 21 Sept 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 22/53 — NAME OF CEMETERY OR CREMATORY: Bel Air Memorial Gardens — LOCATION (City, town, or county) (State): Bel Air, Md (Harford)

DATE REC'D BY LOCAL REGISTRAR: 9-21-53 — REGISTRAR'S SIGNATURE: Priscilla Fonwood — 24. FUNERAL DIRECTOR — ADDRESS: Joseph J. Foster Bel Air Md

VS. A15

RECEIVED
SEP 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09090

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place) 60 yrs.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) George (Middle) W. (Last) Litchfield
4. DATE OF DEATH: (Month) Sept. (Day) 16 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 17, 1880
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Litchfield
14. MOTHER'S MAIDEN NAME: Elizabeth Parker

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George R. Litchfield, Edgewood Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

411X

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Aortic Stenosis — 6 yrs
DUE TO (c) Arteriosclerotic C.V. Disease — 4 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1953, to Sept. 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 6:30, from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Ralph Arley M.D. ADDRESS Churchville DATE SIGNED Sept 17

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 20, 1953
NAME OF CEMETERY OR CREMATORY Trinity Lutheran
LOCATION (City, town, or county) (State) Joppa, Harford, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 20 1953
REGISTRAR'S SIGNATURE Marie M Mondale
24. FUNERAL DIRECTOR Howard K. Mc Comas & Son, Abingdon, Md.,
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
SEP 23 1953
BUREAU V. S.

09091

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre-de-Grace — LENGTH OF STAY (in this place): 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre-de-Grace
STREET ADDRESS (If rural, give location): Rd. # 2

3. NAME OF DECEASED (Type or Print) (First): Lyman (Middle): Tiffany (Last): Perry
4. DATE OF DEATH (Month) 9 (Day) 25 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-3-78
9. AGE last birthday: 74 yrs. — If under 1 year: Months 9 Days 20 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): N. Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Perry
14. MOTHER'S MAIDEN NAME: Isabelle Tiffany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 9
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Infarction, Bilateral	Terminal
4200 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Uremia — 2 wk

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Sept. 25, 1953, that I last saw the deceased alive on Sept. 25, 1953 and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE: Peter V. Rodman, M.D. (Degree or title) — ADDRESS: Aberdeen, Md. — DATE SIGNED: 9-27-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9/29/53
NAME OF CEMETERY OR CREMATORY: Darlington
LOCATION (City, town, or county) (State): Darlington, Md.

DATE REC'D BY LOCAL REG.: Sept. 28-1953
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS: Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1953
BUREAU V. S.

Item 8 Filed 6:58 4/16/53 mch

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09092

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS #1 - Swan Creek X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rural
STREET ADDRESS (If rural, give location) #1 - Swan Creek.

3. NAME OF DECEASED (Type or Print): (First) Wilton — (Middle) Roy — (Last) Preston

4. DATE OF DEATH: (Month) Sept. — (Day) 6th — (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-Sept-1890

9. AGE last birthday: 62 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Preston

14. MOTHER'S MAIDEN NAME: Josephine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Frances F. Preston - Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 3, 1952, to Sept 6, 1953, that I last saw the deceased alive on Sept 6, 1953 and that death occurred at 8:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept. 9-1953 — NAME OF CEMETERY OR CREMATORY: Angle Hill Cemetery — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Sept. 8-53 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D. — 24. FUNERAL DIRECTOR — ADDRESS: John E. Tarring Aberdeen, Maryland.

VS-A13

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09093

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air Rural — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel-Air Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) M (Last) SMITHSON

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Dec 1888 — 9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: at Home — 11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Nelson — 14. MOTHER'S MAIDEN NAME: Effie Michel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — Mo — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT AND ADDRESS: Preston Smithson Bel-Air, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

011X **Immediate cause** (a) Tuberculosis of Peritoneum R.D. — 9 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) None
(c) None

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Oct. 1947 — 19b. MAJOR FINDINGS OF OPERATION: Tuberculosis of Peritoneum — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1947, to Sept. 28 1953, that I last saw the deceased alive on Sept 27 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE: Willard P. Hudson, M.D. (Degree or title) — ADDRESS: Forest Hill Md — DATE SIGNED: 9/28/53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~: Burial — DATE THEREOF: Sept 30/1953 — NAME OF CEMETERY OR CREMATORY: Hesutia Cem — LOCATION (City, town, or county) (State): Perryman Harford Co

DATE REC'D BY LOCAL REG.: Sept 30/1953 — REGISTRAR'S SIGNATURE: Priscilla Tonwood — 24. FUNERAL DIRECTOR: H. L. Bailey — ADDRESS: Darlington, Md.

RECEIVED
OCT 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09094

CERTIFICATE OF DEATH

Reg. Dist. No. 182

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15.

1. PLACE OF DEATH:
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural give location) SANDY HOOK

3. NAME OF DECEASED: (Type or Print) (First) EUNA (Middle) Lee (Last) TAYSON

4. DATE OF DEATH: (Month) Sept (Day) 15 (Year) 1953

5. SEX: Female — 6. COLOR OR RACE: White — 7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify) Widow — 8. DATE OF BIRTH: Oct. 17 1889 — 9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work at Home — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Madison Co, Va — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marcellus Shotwell — 14. MOTHER'S MAIDEN NAME: Annie Hobbs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT & ADDRESS: Leander Tayson Bel-Air, Md. R.D. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) CORONARY THROMBOSIS — Vascular — 8 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Art hypertensive Cardio-Renal Disease
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt Sided hemiplegia 10 yrs duration - Due to Cerebral Hemorrhage

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1952, to Sept 15, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 8:30 pm, from the causes and on the date stated above.

SIGNATURE Willard L. Hudson (Degree or title) M.D — ADDRESS Forest Hill Md — DATE SIGNED 9/15/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 18 1953 — NAME OF CEMETERY OR CREMATORY Mt. Faber Cem — LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 17, 1953 — REGISTRAR'S SIGNATURE Priscilla Fawrod

24. FUNERAL DIRECTOR H. S. Bailey — ADDRESS Darlington, Md

RECEIVED
SEP 22 1953
BUREAU V. S.

09095

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace Rural — LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: #2 Webster

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace Rural #2
STREET ADDRESS (If rural, give location): Webster

3. NAME OF DECEASED (Type or Print): (First) Mattie (Middle) Bell (Last) Tollenger
4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-15-1871
9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Alfred Taylor
14. MOTHER'S MAIDEN NAME: Martha Doe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Weldon E. Tollenger - Stamford Conn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Insufficiency

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis - Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1952 to 9-21, 1953, that I last saw the deceased alive on 9-21, 1953 and that death occurred at 5 P.M. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: 9-22-53 — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 9/23/53 — NAME OF CEMETERY OR CREMATORY: Poet. Run Cemetery — LOCATION (City, town, or county): Havre de Grace, Md. (State)
DATE REC'D BY LOCAL REG.: Sept 22 '53 — REGISTRAR'S SIGNATURE: Bertha B. Knight
24. FUNERAL DIRECTOR: John G. Farring — ADDRESS: Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09096

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 513 Union

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Warner

4. DATE OF DEATH: (Month) (Day) (Year) 9/21/53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 3/17/1861

9. AGE Last birthday: 92 yrs. IF UNDER 1 YEAR: Months 6 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Home Keeper, retired

10b. KIND OF BUSINESS OR INDUSTRY: Own Family

11. BIRTHPLACE (State or foreign country): Deutland 56

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Clifford Sharp, Havre de Grace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

904.0

Immediate cause (a) Fracture left Femur "Hip"

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis Cardiac Vascular Disease

DUE TO

(c) Carcinoma Toxemia.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Fall at Home

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 19 1953 9 a.m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Fall.

22. I hereby certify that I attended the deceased from ....., 19 53, to 9/21, 19 53; that I last saw the deceased alive on 9/21/19 53 and that death occurred at 10:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley M.D. ADDRESS Havre de Grace Md. DATE SIGNED 9/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/25/53

NAME OF CEMETERY OR CREMATORY Angel Hill

LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 23-1953

REGISTRAR'S SIGNATURE A. T. Lewis M.D.

24. FUNERAL DIRECTOR ADDRESS Downing Funeral Home Havre de Grace, Md.

VS. A15-1

RECEIVED
SEP 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

09097

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) W. (Last) Wilt

4. DATE OF DEATH: (Month) Sept (Day) 6 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 21, 1913

9. AGE last birthday: 39 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

10b. KIND OF BUSINESS OR INDUSTRY: Automobile

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calvin Wilt

14. MOTHER'S MAIDEN NAME: Cassidy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-6176

17. INFORMANT AND ADDRESS: Mrs. Ruth R. Wilt, Joppa Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning — Interval Between Onset and Death: —

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Bush River (CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 9/4/53 9P m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell out of boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer M.D. County Medical Examiner Aberdeen Md 9/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Sept.9,1953 | NAME OF CEMETERY OR CREMATORY: Bryansville, | LOCATION (City, town, or county) (State): Bryansville, York Co., Pa.

DATE REC'D BY LOCAL REG.: Sept 9 1953 | REGISTRAR'S SIGNATURE: Mame M. Mondsdale | 24. FUNERAL DIRECTOR ADDRESS: Howard K. Mc Comas & Son, Abingdon, Md.,

RECEIVED
SEP 14 1953
BUREAU V. S.